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FILE NO. A34084-PCT-USA-A/ 066031.0147  
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Kaempfer et al.

Serial No. : 09/801,371                      Examiner: Whiteman, B.

Filed : March 7, 2001                      Group Art Unit: 1635

For : REGULATION OF GENE EXPRESSION THROUGH  
MANIPULATION OF mRNA SPLICING AND ITS USES

#18/K.T.  
8/21

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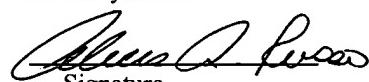
**RESPONSE TO RESTRICTION REQUIREMENT**

I hereby certify that this paper is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Assistant Commissioner for Patents, Washington, D.C. 20231

August 7, 2002  
Date of Deposit

Alicia A. Russo  
Attorney Name

  
Signature

46,192  
PTO Registration No.

August 7, 2002  
Date of Signature

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

This paper is being filed in response to the Office Communication dated April 9, 2002. Applicants request a three-month extension of time and enclose the fee required under 37 C.F.R. §1.17(a)(3). Applicants respectfully request reconsideration of the above-identified application in light of the amendments and remarks presented herein.

FILE NO. A34084-PCT-USA-A/ 066031.0147  
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IN THE CLAIMS

Please cancel claims 32-46 and 50 without prejudice.

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R E M A R K S

This paper is being filed in response to the Office Communication dated April 9, 2002. Applicants request a three-month extension of time and enclose the fee required under 37 C.F.R. §1.17(a)(3). Applicants respectfully request reconsideration of the above-identified application in light of the amendments and remarks presented herein.

Claims 1-50 are pending. Claims 32-46 and 50 have been cancelled.

The Examiner has stated that the claims of the present application contains distinct inventions, which he has divided into the following six groups:

Group I: Claims 1-31 and 47-49, drawn to a cis-acting nucleotide sequence;

Group II: Claims 32-33 and 50 drawn to a method of producing a recombinant enzyme, hormone, cytokine, structural protein, or industrially or agriculturally applicable protein (an election of one of an enzyme, hormone, cytokine, etc., is further required if Group II is selected);

Group III: Claims 34-35, 37-38 and 43-45, drawn to a method of regulating gene expression at the mRNA splicing level;

Group IV: Claims 34, 36, and 43-45, drawn to a method of regulating gene expression at the mRNA splicing level (differs from Group III in step (a) due to the use of a trans-dominant negative mutant of PKR $\alpha$ 6);

Group V: Claims 34, 36, and 43-45, drawn to a method of regulating gene expression at the mRNA splicing level (differ from Groups III and IV in step (a) due to the use of a vector expressing viral proteins); and

Group VI: Claims 43, 44 and 46, drawn to an *ex vivo* method of providing a therapeutic protein to a mammal.

The Examiner contends that Applicants must elect one group to be examined in the present application. In response, Applicants elect to pursue the claims of Group I (claims 1-31 and 47-49) without traverse and without prejudice to pursuing the cancelled claims of Groups II-VI in one or more divisional applications.

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Applicants have enclosed the fee for a three-month extension of time as required under 37 C.F.R. §1.17(a)(3). Applicants do not believe that any additional fee is required for this filing. Nevertheless, the Commissioner is hereby authorized to charge any fees required for this submission not otherwise enclosed herewith to Deposit Account No. 02-4377. Two copies of this page are enclosed.

Respectfully submitted,

August 7, 2002

  
Rochelle K. Seide  
Patent Office Reg. No. 32,300

Alicia A. Russo  
Patent Office, Reg. No. 46,192

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NY02:395676.1

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission **8**

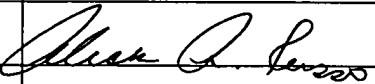
|                      |                    |
|----------------------|--------------------|
| Application Number   | 09/801,371         |
| Filing Date          | March 7, 2001      |
| First Named Inventor | Raymond Kaempfer   |
| Group Art Unit       | 1635               |
| Examiner Name        | Whiteman, Brian A. |

Attorney Docket Number **A34084-PCT-USA-A****ENCLOSURES (check all that apply)**

|  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form                     | <input type="checkbox"/> Assignment Papers<br>(for an Application)                      | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input checked="" type="checkbox"/> Fee Attached                             | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input checked="" type="checkbox"/> Amendment / Reply                        | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition   | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Status Letter   |
| <input checked="" type="checkbox"/> Extension of Time Request                | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Other Enclosure(s) (please identify below):                       |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer  |  |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Request for Refund   |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s) _____                                      |  |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   |   |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |
| Remarks <input type="checkbox"/>   |   |  |

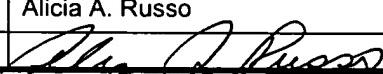
**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name **BakerBotts LLP  
30 Rockefeller Plaza  
New York, NY 10112**

Signature Att Name: **Alicia A. Russo**  
PTO Reg: **46,192**Date **August 7, 2002****CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: **August 7, 2002**

Typed or printed name **Alicia A. Russo**

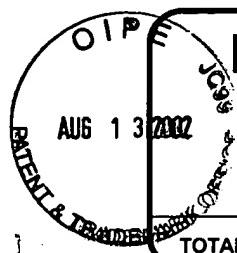
Signature 

Date **August 7, 2002**

**BAKER BOTTS LLP**

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## FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 460)

| C mpt if Known       |                    |
|----------------------|--------------------|
| Application Number   | 09/801,371         |
| Filing Date          | March 7, 2001      |
| First Named Inventor | Raymond Kaempfer   |
| Examiner Name        | Whiteman, Brian A. |
| Group Art Unit       | 1635               |
| Attorney Docket No.  | A34084-PCT-USA-A   |

TECH CENTER 600/2900

| METHOD OF PAYMENT   |                       | FEE CALCULATION (continued)  |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
|---|-----------------------|--|----------|-----------------------|-----------------------|-----------------|----------|----------------------|-----------|-------------------------------------|---|----------------------|----------|--|---|-----|-----|---------------------------|--|----------|----------|---|----|------|------------------------|--|----|-----------------------------------|--------|---|---------------------------------------|-----|----|--|----|-----|--|---|--|-----|-----|--|-----|-------|-----|---|--|-------|-----|--|--|-----|-----|------------------|--|-----|-----|--|--|-----|-----|--------------------------|--|-------|-------|---|--|-----|----|----------------------------------|--|-------|-----|------------------------------------|--|-------|-----|--------------------------------|--|-----|-----|------------------|--|-----|-----|-----------------|--|-----|-----|-------------------------------|--|----|----|-------------------------------------|--|-----|-----|---|--|----|----|--|--|-----|-----|---|--|-----|-----|--|--|-----|-----|---|--|-----|-----|---|--|
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:<br>Deposit Account Number <b>02-4377</b><br>Deposit Account Name <b>Baker Botts LLP</b><br><br><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17<br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |                       | 3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>130</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>50</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>130</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>2,520</td><td>2,520</td><td>For filing a request for ex parte reexamination</td><td></td></tr> <tr><td>920*</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1,840*</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>110</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>400</td><td>200</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>920</td><td>460</td><td>Extension for reply within third month</td><td>460</td></tr> <tr><td>1,440</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1,960</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>320</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>320</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>280</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1,510</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>110</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1,280</td><td>640</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1,280</td><td>640</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>460</td><td>230</td><td>Design issue fee</td><td></td></tr> <tr><td>620</td><td>310</td><td>Plant issue fee</td><td></td></tr> <tr><td>130</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>50</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>180</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>40</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>740</td><td>370</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>740</td><td>370</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>740</td><td>370</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>900</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> </tbody> </table> |          | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid | 130                  | 65        | Surcharge - late filing fee or oath |   | 50                   | 25       | Surcharge - late provisional filing fee or cover sheet |   | 130 | 130 | Non-English specification |  | 2,520    | 2,520    | For filing a request for ex parte reexamination |    | 920* | 920*                   | Requesting publication of SIR prior to Examiner action |    | 1,840*                            | 1,840* | Requesting publication of SIR after Examiner action |                                       | 110 | 55 | Extension for reply within first month             |    | 400 | 200  | Extension for reply within second month |  | 920 | 460 | Extension for reply within third month | 460 | 1,440 | 720 | Extension for reply within fourth month |  | 1,960 | 980 | Extension for reply within fifth month |  | 320 | 160 | Notice of Appeal |  | 320 | 160 | Filing a brief in support of an appeal |  | 280 | 140 | Request for oral hearing |  | 1,510 | 1,510 | Petition to institute a public use proceeding |  | 110 | 55 | Petition to revive - unavoidable |  | 1,280 | 640 | Petition to revive - unintentional |  | 1,280 | 640 | Utility issue fee (or reissue) |  | 460 | 230 | Design issue fee |  | 620 | 310 | Plant issue fee |  | 130 | 130 | Petitions to the Commissioner |  | 50 | 50 | Processing fee under 37 CFR 1.17(q) |  | 180 | 180 | Submission of Information Disclosure Stmt |  | 40 | 40 | Recording each patent assignment per property (times number of properties) |  | 740 | 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 740 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 740 | 370 | Request for Continued Examination (RCE) |  | 900 | 900 | Request for expedited examination of a design application |  |
| Large Entity Fee (\$)   | Small Entity Fee (\$) | Fee Description  | Fee Paid |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 130   | 65                    | Surcharge - late filing fee or oath  |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 50  | 25                    | Surcharge - late provisional filing fee or cover sheet   |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 130   | 130                   | Non-English specification  |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 2,520   | 2,520                 | For filing a request for ex parte reexamination  |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 920*  | 920*                  | Requesting publication of SIR prior to Examiner action   |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 1,840*  | 1,840*                | Requesting publication of SIR after Examiner action  |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 110   | 55                    | Extension for reply within first month   |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 400   | 200                   | Extension for reply within second month  |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 920   | 460                   | Extension for reply within third month   | 460      |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 1,440   | 720                   | Extension for reply within fourth month  |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 1,960   | 980                   | Extension for reply within fifth month   |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 320   | 160                   | Notice of Appeal   |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 320   | 160                   | Filing a brief in support of an appeal   |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 280   | 140                   | Request for oral hearing   |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 1,510   | 1,510                 | Petition to institute a public use proceeding  |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 110   | 55                    | Petition to revive - unavoidable   |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 1,280   | 640                   | Petition to revive - unintentional   |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 1,280   | 640                   | Utility issue fee (or reissue)   |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 460   | 230                   | Design issue fee   |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 620   | 310                   | Plant issue fee  |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 130   | 130                   | Petitions to the Commissioner  |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 50  | 50                    | Processing fee under 37 CFR 1.17(q)  |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 180   | 180                   | Submission of Information Disclosure Stmt  |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 40  | 40                    | Recording each patent assignment per property (times number of properties)   |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 740   | 370                   | Filing a submission after final rejection (37 CFR § 1.129(a))  |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 740   | 370                   | For each additional invention to be examined (37 CFR § 1.129(b))   |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 740   | 370                   | Request for Continued Examination (RCE)  |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 900   | 900                   | Request for expedited examination of a design application  |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 2. PAYMENT ENCLOSED:<br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other  |                       |  |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| FEE CALCULATION   |                       |  |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 1. BASIC FILING FEE <table border="1"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>740</td><td>370</td><td>Utility filing fee</td><td></td></tr> <tr><td>330</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>510</td><td>255</td><td>Plant filing fee</td><td></td></tr> <tr><td>740</td><td>370</td><td>Reissue filing fee</td><td></td></tr> <tr><td>160</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr> <td colspan="2"><b>SUBTOTAL (1) (\$ 0)</b></td> <td colspan="2"></td> </tr> </tbody> </table>  |                       |  |          | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid | 740                  | 370       | Utility filing fee                  |   | 330                  | 165      | Design filing fee                                      |   | 510 | 255 | Plant filing fee          |  | 740      | 370      | Reissue filing fee                              |    | 160  | 80                     | Provisional filing fee                                 |    | <b>SUBTOTAL (1) (\$ 0)</b>        |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| Large Entity Fee (\$)   | Small Entity Fee (\$) | Fee Description  | Fee Paid |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 740   | 370                   | Utility filing fee   |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 330   | 165                   | Design filing fee  |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 510   | 255                   | Plant filing fee   |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 740   | 370                   | Reissue filing fee   |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 160   | 80                    | Provisional filing fee   |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| <b>SUBTOTAL (1) (\$ 0)</b>  |                       |  |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 2. EXTRA CLAIM FEES <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td><input type="text"/></td><td>20 .. = 0</td><td><input type="text"/></td><td>0</td></tr> <tr><td><input type="text"/></td><td>3 .. = 0</td><td><input type="text"/></td><td>0</td></tr> <tr><td colspan="2"></td><td><input type="text"/></td><td></td></tr> </tbody> </table><br>Large Entity Small Entity <table border="1"> <thead> <tr> <th>Fee (\$)</th> <th>Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>18</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>84</td><td>42</td><td>Independent claims in excess of 3</td></tr> <tr><td>280</td><td>140</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>84</td><td>42</td><td>** Reissue independent claims over original patent</td></tr> <tr><td>18</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td></tr> <tr> <td colspan="2"><b>SUBTOTAL (2) (\$ 0)</b></td> <td></td> </tr> </tbody> </table> |                       |  |          | Total Claims          | Extra Claims          | Fee from below  | Fee Paid | <input type="text"/> | 20 .. = 0 | <input type="text"/>                | 0 | <input type="text"/> | 3 .. = 0 | <input type="text"/>                                   | 0 |     |     | <input type="text"/>      |  | Fee (\$) | Fee (\$) | Fee Description                                 | 18 | 9    | Claims in excess of 20 | 84   | 42 | Independent claims in excess of 3 | 280    | 140   | Multiple dependent claim, if not paid | 84  | 42 | ** Reissue independent claims over original patent | 18 | 9   | ** Reissue claims in excess of 20 and over original patent | <b>SUBTOTAL (2) (\$ 0)</b>              |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| Total Claims  | Extra Claims          | Fee from below   | Fee Paid |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| <input type="text"/>  | 20 .. = 0             | <input type="text"/>   | 0        |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| <input type="text"/>  | 3 .. = 0              | <input type="text"/>   | 0        |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
|   |                       | <input type="text"/>   |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| Fee (\$)  | Fee (\$)              | Fee Description  |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 18  | 9                     | Claims in excess of 20   |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 84  | 42                    | Independent claims in excess of 3  |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 280   | 140                   | Multiple dependent claim, if not paid  |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 84  | 42                    | ** Reissue independent claims over original patent   |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| 18  | 9                     | ** Reissue claims in excess of 20 and over original patent   |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| <b>SUBTOTAL (2) (\$ 0)</b>  |                       |  |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| *or number previously paid, if greater; For Reissues, see above   |                       |  |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| Other fee (specify) _____   |                       |  |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |
| *Reduced by Basic Filing Fee Paid      SUBTOTAL (3) (\$ 460)  |                       |  |          |                       |                       |                 |          |                      |           |                                     |   |                      |          |  |   |     |     |                           |  |          |          |   |    |      |                        |  |    |                                   |        |   |                                       |     |    |  |    |     |  |   |  |     |     |  |     |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |       |       |   |  |     |    |                                  |  |       |     |                                    |  |       |     |                                |  |     |     |                  |  |     |     |                 |  |     |     |                               |  |    |    |                                     |  |     |     |   |  |    |    |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |     |   |  |

| SUBMITTED BY      |   | Complete (if applicable)          |                |
|-------------------|---|-----------------------------------|----------------|
| Name (Print/Type) | <b>Alicia A. Russo</b>  | Registration No. (Attorney/Agent) | 46,192         |
| Signature         |  | Telephone                         | (212) 408-2627 |
|                   |   | Date                              | August 7, 2002 |

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**BAKER BOTTS LLP**

Attorney Docket Number: A34084-PCT-USA-A

Title: REGULATION OF GENE EXPRESSION THROUGH MANIPULATION OF mRNA SPLICING AND ITS USES

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